[Date]

[School Name]
[School Address]
[City, State, Zip Code]

RE: Health Clearance and Vaccination Record Update

To the School Administration and Health Office,

This letter serves to confirm that [Student Full Name], date of birth [Date of Birth], is a patient at [Clinic/Doctor Name].

The student was seen on [Date of Examination] for a routine health screening and vaccination update. Based on the physical examination and medical history, the student is in good health and is cleared to participate in all school activities, including physical education and competitive sports.

Our records indicate that the student has received the following updated immunizations:

- [Vaccine Name] - Administered on [Date]
- [Vaccine Name] - Administered on [Date]
- [Vaccine Name] - Administered on [Date]

I certify that the student is currently up-to-date with all state-mandated immunization requirements for their grade level. Please find the official immunization record attached to this letter.

If you have any questions or require further documentation, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature]
[Doctor Name, MD/DO/NP]
[Medical License Number]
[Clinic Name/Stamp]